BUREAU OF \	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH
1. PLACE OF DEATH  County Begistration District  Township Primary Registration	(0)(0)(0)
2. FULL NAME  (No. 3622)  (No. 3622)  (No. 3622)  (Ro. 3622)  (So. (No. 3622)  (So. (No. 3622)  (Usual place of abode)  (Usual place of abode)  Length of residence in city or town where death occurred  pro. (mo. 3622)	Werd.  (If nonresident give city or town and Str
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)
Sa. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17.  I HEREBY CERTIFY, That a stended deceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 + 1841	that I last now have alive on
7. AGE YEARS MONTHS DAYS II LESS than I day,	Myorandeles Ohio
B. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	93C/ 97
(b) General nature of industry, business, or establishment in white employer (or employer)	CONTRIBUTORY (SECONDARY)
9. BIRTHPLACE (CITY OR TOWN)	18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH?
10. NAME OF FATHER Thomas, McCons	Was there an autopsys
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIDENCE C
12 MAIDEN NAME OF MOTHER Type of Nester	1/13.192 Delibross) /5-14 Lo felds
13. BIRTHPLACE OF MOTHER (CITY OF TOWN)	*State the Disease Causing Death, or in deaths from Violent Caus  (1) Means and Nature of Indust, and (2) whether According and Hoxicidal. (See reverse side for additional space.)
(Address) 36220 Bamby or a	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BU
15. From 19 Max 6 Standof	20. UNDERTAKER ADDRESS ADDRESS
	Monnelly 2039 3

9-10-12-3-1 276

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer -- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celluiitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.